Initial Approval: October 11, 2017

**CRITERIA FOR PRIOR AUTHORIZATION**

Brineura™ (cerliponase alfa)

**PROVIDER GROUP** Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:
Cerliponase alfa (Brineura™)

**CRITERIA FOR APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), a form of Batten Disease, also known as tripeptidyl peptidase 1 (TPP1) deficiency
- Patient must be between the ages of 3 and 8 years of age
- Patient must not have any of the following:
    - Acute intraventricular access device-related complications (e.g., leakage, device failure, or device-related infection)
    - Ventriculoperitoneal shunt
- Must be prescribed by a neurologist
- Must be administered in a facility that has been properly trained on how to administer the medication

**LENGTH OF APPROVAL:** 12 months

Notes:

- Recommended dose: 300 mg administered once every other week by intraventricular infusion. Brineura is administered into the cerebrospinal fluid (CSF) by infusion via a surgically implanted reservoir and catheter (intraventricular access device).
- Brineura is not indicated for use in adults

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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DATE

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